

University Communications Authorization Form

*Instructions: Please download the form before filling out. Application under this emergency program signifies agreement to the terms outlined in the [University Communication Allowance Procedure](#). Complete all fields and submit to HR via the [Document Upload Form on the HR Website](#) (Select Communications Allowance Form). **Please do not submit paper forms.***

If the employee changes positions, it is the responsibility of the employee's initial supervisor to notify HR. The communication allowance will be discontinued and the employee will need to file a new form with Human Resources if the need is applicable to the new position.

Effective Dates: From: _____ To: _____
If the employee is to receive a stipend for continued use, please leave the "To" field blank

Type of Request: (Check appropriate box)

- New request
- Change to existing request
- Terminate allowance

Employee Name (Print): _____

Employee ID Number: _____

Employee E-mail: _____

Department: _____

Business Purpose:

Check appropriate box below to specify which level the employee qualifies:

- Level 1:** Employee receives a monthly allowance of \$45/month
- Level 2:** Employee receives a monthly allowance of \$85/month

I have read & understand the University Communications Procedure. I certify the business purpose of this request is true.

Employee Signature

Date

I certify that it is appropriate for the above individual to receive a monthly communication allowance based on position and business need.

Printed Name

Date

Signature